pro-super australia pty ltd
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brisbane qld 4001
gpo box 26, brisbane qld 4001

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prosuper@prosuper.com.au

New Super Fund Order Form

From:
Firm:
Phone:
e-mail:

New Fund Details

Fund Name:

Start Date:

Corporate Trustee: (If applicable)
A.C.N.

Trustee Street Address:

Trustee/Member Details

All individual trustees or directors of a corporate trustee must be members. All members must be directors/individual trustees.
Single member funds may have a sole director corporate trustee or two directors/individual trustees, one being the member.

1. Name: **D.O.B.**
Individual Trustee ☐ Director of corporate Trustee ☐ Member ☐
Address:
Employer: A.C.N.
Address:

2. Name: **D.O.B.**
Individual Trustee ☐ Director of corporate Trustee ☐ Member ☐
Address:
Employer: A.C.N.
Address:

3. Name: **D.O.B.**
Individual Trustee ☐ Director of corporate Trustee ☐ Member ☐
Address:
Employer: A.C.N.
Address:

4. Name: **D.O.B.**
Individual Trustee ☐ Director of corporate Trustee ☐ Member ☐
Address:
Employer: A.C.N.
Address:

Payment Details if paying by credit card: Please debit the following credit card by the amount of $

TYPE OF CARD: ◯ Visa ◯ MasterCard

CARD NUMBER: EXPIRY DATE:

NAME ON CARD: SIGNATURE: